| POSITION | INITIALS | ID NO. | DATE |
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| FEE DETERMINATION | W | 71534 | 01-4-99 |
| O.I.P.E. CLASSIFIER | | 16 | 1-12-99 |
| FORMALITY REVIEW | | 6573 | 1-20-99 |

## INDEX OF CLAIMS

| | | |
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| ✔ ................................ Rejected | N ................................ Non-elected | |
| = ................................ Allowed | I ................................ Interference | |
| — (Through numeral)... Canceled | A ................................ Appeal | |
| ÷ ................................ Restricted | O ................................ Objected | |

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If more than 150 claims or 10 actions staple additional sheet here

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